Mississippi Secretary of State

ADMINISTRATIVE PROCEDUR		t P. O. Box 136, Jackson, MS 392	05-0136		
AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700	ess essemalituaismones esse	CITY Jackson	STA	ATE ZIP S 39215 -1700	
EMAIL Ingrid.williams@msdh.ms.gov	SUBMIT DATE 7/19/2016	Name or number of rule(s): Minimum Standards of Operation for Abortion Facilities			
Short explanation of rule/amendments include additional definitions pertinulanguage prohibiting the location of kindergarten is located. Specific legal authority authorizing	ent to abortion fa f an abortion facili	cilities, language added which pro	hibits dismembe	erment abortion and	
List all rules repealed, amended, or	suspended by the	proposed rule: Rule(s):44.1.5; 4	1.7.2; 44.31.1		
ORAL PROCEEDING: An oral proceeding is scheduled. Presently, an oral proceeding is if an oral proceeding is not scheduled, an or ten (10) or more persons. The written requinion or ten or proposed rule adoption and should agent or attorney, the name, address, email comment period, written submissions included the comment period of the comment of the comment impact statement note. ECONOMIC IMPACT STATEMENT EMPORARY RULES ———————————————————————————————————	not scheduled on al proceeding must be est should be submitted include the name, address, and telephonding arguments, data, a required for this PRO Action p Action p Propose 3	this rule. held if a written request for an oral proced to the agency contact person at the abordress, email address, and telephone number of the party or parties you reprint views on the proposed rule/amendment. Concise summary of DPOSED ACTION ON RULES proposed: lew rule(s) mendment to existing rule(s) doption by reference d final effective date: O days after filing Other (specify):	re address within two er of the person(s) resent. At any time with repeal may be su reconomic impact reconom	venty (20) days after the filing of this making the request; and, if you are an vithin the twenty-five (25) day public bmitted to the filing agency. It statement attached. L ACTION ON RULES d Rule Filed: 5/18/2016 Ith no changes in text end with changes end by reference rawn adopted as proposed	
Printed name and Title of perso Signature of person authorized			nistrative Officer		
OFFICIAL FILING STAMP		NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	FID IN	L 1 9 2016 SSISSIPPI ARY OF STATE	
Accepted for filing by	Accept	ed for filing by	Accepted fo	r filing by	

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.